

RECEIVED BY THE COUNTY REGISTRAR WITHIN 5 DAYS AFTER BIRTH.

*Supplement attached*  
**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH  
County of Maricopa  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or City of Phoenix (No. 346 N. 15th St.; \_\_\_\_\_ Ward)

State Index No. 364  
Co. Register No. 1947  
Local Registrar's No. 6886

FULL NAME OF CHILD Edwin Coren Kleck } Born } YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child <u>Male</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>1</u> / <u>16</u> / <u>1920</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Jess. Harry Kleck</u>			Full Maiden Name <u>Eva Etter</u>		
Residence <u>Phoenix Arizona</u>			Residence <u>Phoenix Ariz.</u>		
Color or Race <u>white</u> Age at last Birthday <u>34</u> (Years)			Color or Race <u>White</u> Age at last Birthday <u>35</u> (Years)		
Birthplace <u>Ohio</u>			Birthplace <u>Missouri</u>		
Occupation <u>Teamster</u>			Occupation <u>House Wife</u>		

Number of child of this mother... iii Number of children, of this mother, now living... iii Were precautions taken against Ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of above child; and that it occurred on 1-16 19120 at 8:40 M.

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature) H. R. Carson  
(Attending physician, midwife, householder.)\*

Address Phoenix Ariz.

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_

Filed Jan 17 1920 Dr. H. R. Carson LOCAL REGISTRAR.  
A True Copy H. R. Carson  
Filed 1-20 19120 \_\_\_\_\_ COUNTY REGISTRAR.

522-116-522  
COUNTY REGISTRAR.